


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L87003</b>	
1. Entity Name DSK-OPH, INC.	

Principal Place of Business 500 E BROWARD BLVD, SUITE 1950 FT LAUDERDALE, FL 33394	Mailing Address 500 E BROWARD BLVD, SUITE 1950 FT LAUDERDALE, FL 33394
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DO NOT WRITE IN THIS SPACE



02082006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0202239	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  HAMAWAY, MICHAEL P C/O MOMBACH, BOYLE & HARDIN, PA 500 EAST BROWARD BOULEVARD SUITE 1950 FORT LAUDERDALE, FL 33394
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAMELHAIR, STEVEN R 7260 SW 7TH ST PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEMEROFSKY, STEPHEN L 6121 BANYON TERR PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROLNICK, AUDIE M 3497 DERBY LANE WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/19/06-80004-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Steven Kamelhair 2/27/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #